

Exhibit 29

COVID-19 in Correctional and Detention Facilities — United States, February–April 2020

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An estimated 2.1 million U.S. adults are housed within approximately 5,000 correctional and detention facilities[†] on any given day (1). Many facilities face significant challenges in controlling the spread of highly infectious pathogens such as SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19). Such challenges include crowded dormitories, shared lavatories, limited medical and isolation resources, daily entry and exit of staff members and visitors, continual introduction of newly incarcerated or detained persons, and transport of incarcerated or detained persons in multiperson vehicles for court-related, medical, or security reasons (2,3). During April 22–28, 2020, aggregate data on COVID-19 cases were reported to CDC by 37 of 54 state and territorial health department jurisdictions. Thirty-two (86%) jurisdictions reported at least one laboratory-confirmed case from a total of 420 correctional and detention facilities. Among these facilities, COVID-19 was diagnosed in 4,893 incarcerated or detained persons and 2,778 facility staff members, resulting in 88 deaths in incarcerated or detained persons and 15 deaths among staff members. Prompt identification of COVID-19 cases and consistent application of prevention measures, such as symptom screening and quarantine, are critical to protecting incarcerated and detained persons and staff members.

To estimate the prevalence of COVID-19 in U.S. correctional and detention facilities, CDC requested aggregate surveillance data from 54 state and territorial health department jurisdictions. Data were provided to CDC during April 22–28, 2020 and included laboratory-confirmed cases identified and reported to jurisdictions during January 21–April 21, 2020. Requested data elements included 1) the number of facilities that had reported

at least one laboratory-confirmed COVID-19 case; 2) the cumulative number of incarcerated or detained persons and staff members with laboratory-confirmed COVID-19; and 3) the cumulative number of COVID-19–associated hospitalizations and deaths among incarcerated or detained persons and staff members. Jurisdictions were asked to include data for persons in the custody of or working for state and local corrections, U.S. Immigration and Customs Enforcement, U.S. Marshals Service, and Federal Bureau of Prisons. Data on the number tested or persons with negative test results were not requested.

Thirty-seven (69%) jurisdictions provided aggregate surveillance data; 32 (86%) of those reported at least one laboratory-confirmed COVID-19 case among incarcerated or detained persons or staff members. In those 32 jurisdictions, 420 facilities reported 4,893 COVID-19 cases among incarcerated or detained persons and 2,778 cases among staff members (Table). More than half (221; 53%) of the affected facilities reported cases only among staff members. Among COVID-19 cases in incarcerated or detained persons, 491 (10%) COVID-19–associated hospitalizations and 88 (2%) deaths were reported; among staff member cases, 79 (3%) hospitalizations and 15 (1%) deaths were reported. Among the 32 jurisdictions reporting cases, the median number of affected facilities was 10 (range = 1–59), the median number of cases in incarcerated or detained persons was 34 (range = 0–858), and the median number of cases in staff members was 26 (range = 1–756).

Discussion

This analysis provides the first documentation of the number of reported laboratory-confirmed cases of COVID-19 in correctional and detention facilities in the United States, although information on the proportion of incarcerated and detained persons and staff members tested was not available. Approximately one half of facilities with COVID-19 cases reported them among staff members but not among incarcerated persons. Because staff members move between correctional facilities and their communities daily, they might be an important source of virus introduction into facilities. Regular symptom screening can help to reduce introduction of the virus from symptomatic persons, whether through staff members,

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† Correctional facilities refer to state and federal prisons, which incarcerate persons who have been tried for a crime, convicted, and sentenced for a duration >1 year. Those convicted of federal crimes are incarcerated in federal prisons; those convicted of state crimes are held in state prisons. Detention facilities refer to jails or detention centers, which temporarily detain persons awaiting sentencing or deportation, usually for a duration of <1 year.

Summary

What is already known about this topic?

Correctional and detention facilities face challenges in controlling the spread of infectious diseases because of crowded, shared environments and potential introductions by staff members and new intakes.

What is added by this report?

Among 37 jurisdictions reporting, 32 (86%) reported at least one confirmed COVID-19 case among incarcerated or detained persons or staff members, across 420 correctional and detention facilities. As of April 21, 2020, 4,893 cases and 88 deaths among incarcerated and detained persons and 2,778 cases and 15 deaths among staff members have been reported.

What are the implications for public health practice?

Prompt identification of persons with COVID-19 and consistent application of prevention measures within correctional and detention facilities are critical to protecting incarcerated or detained persons, staff members, and the communities to which they return.

new intakes, or incarcerated or detained persons who attend court-related or medical appointments in the community. Screening all incarcerated or detained persons quarantined as close contacts of a case twice daily and promptly isolating persons with symptoms can help identify persons infected as a result of transmission that occurred within the facility and control spread of disease.

Although symptom screening is important, an investigation of a COVID-19 outbreak in a skilled nursing facility found that approximately one half of cases identified through facility-wide testing were among asymptomatic and presymptomatic persons, who likely contributed to transmission (4). These data indicate that symptom screening alone is inadequate to promptly identify and isolate infected persons in congregate settings such as correctional and detention facilities. Additional strategies, including physical distancing, movement restrictions, use of cloth face coverings, intensified cleaning, infection control training for staff members, and disinfection of high-touch surfaces in shared spaces are recommended to prevent and manage spread within correctional and detention facilities (Box). Some jurisdictions have implemented decompression strategies to reduce crowding, such as reducing or eliminating bail and releasing persons to home confinement or community supervision. Testing might become an important strategy to include when it is more widely available and when facilities have developed plans for how the results can be used to inform operational strategies to reduce transmission risk.

The findings in this report are subject to at least six limitations, each of which could result in an underestimation of the number of COVID-19 cases in correctional facilities. First, only 69% of jurisdictions reported data; therefore, these results are not representative of the entire United States. Second, many facilities do not provide testing to staff members, making data completeness dependent on staff members self-reporting their diagnosis to their employer after being tested by their personal health care providers. Third, some jurisdictions received data only from state prisons and were missing data from local jails and federal or privately operated facilities. Fourth, data on the total number of facilities, the total number of incarcerated and detained persons, and the total number staff members were not available; thus, proportions of facilities and persons affected could not be determined. Fifth, one jurisdiction reported only collecting data on facility outbreaks (defined by the jurisdiction as >1 COVID-19 case per facility). Finally, data are not available to determine the extent to which variations in testing availability and testing practices across states influenced the number of COVID-19 cases reported among staff and incarcerated and detained persons.

Prompt identification of COVID-19 cases and consistent application of prevention measures are critical to protecting incarcerated and detained persons, correctional and detention facility staff members, and the communities to which they return (3). Additional data on COVID-19 in correctional and detention settings, particularly from facilities that have conducted broad-based testing, is needed to identify differences in disease risk based on demographic characteristics, underlying medical conditions, and type of correctional and detention setting, and to evaluate the effectiveness of mitigation measures. CDC recommends that facility administrators, with the support of local health departments and partners, prepare for potential SARS-CoV-2 transmission, implement prevention measures, and follow guidance for the management of suspected and confirmed COVID-19 cases to prevent further transmission, which is available at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> (3).

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TABLE. COVID-19 among incarcerated and detained persons and correctional and detention facility staff members — 32 U.S. state and territorial health department reporting jurisdictions,* January 21–April 21, 2020[†]

Characteristic	No. (%) of cases among reporting jurisdictions
Facilities reporting at least one confirmed COVID-19 case among incarcerated or detained persons or staff members	420
Facilities reporting COVID-19 cases only among staff members	221 (53)
COVID-19 cases among incarcerated or detained persons	4,893
COVID-19–associated hospitalizations among incarcerated or detained persons	491 (10)
COVID-19–associated deaths among incarcerated or detained persons	88 (2)
COVID-19 cases among facility staff members	2,778
COVID-19–associated hospitalizations among facility staff members	79 (3)
COVID-19–associated deaths among facility staff members	15 (1)

Abbreviation: COVID-19 = coronavirus disease 2019.

* Jurisdictions reporting at least one laboratory-confirmed COVID-19 case among incarcerated or detained persons or staff members.

[†] Data provided to CDC during April 22–28, 2020.

BOX. COVID-19 guidance for correctional and detention facilities

Prepare for COVID-19

- Update an emergency plan for COVID-19 response
- Coordinate with local public health department and other correctional and detention facilities
- Require that staff members and visitors stay home if ill, and consider suspending in-person visitation
- Ensure access to soap at no cost to encourage frequent handwashing
- Plan for how space will be used to medically isolate and care for ill persons and to quarantine close contacts
- Plan for potential staff member shortages
- Train staff members to safely use personal protective equipment
- Enhance facility cleaning and disinfection

Prevent introduction of COVID-19 into facilities from the community

- Limit nonmedical transfers into and out of the facility
- Screen all new entrants, staff members, and visitors for symptoms before they enter the facility
- Assign staff members to consistent locations to limit movement between facility areas
- Encourage daily use of cloth face coverings by incarcerated or detained persons and staff members
- Use multiple physical distancing strategies (e.g., sleep head to foot, stagger meals and showers, reduce the number of persons allowed in a common area at one time, suspend group gatherings*)
- Regularly communicate with staff members and incarcerated or detained persons about COVID-19 and how they can protect themselves and others

Manage COVID-19 in facilities

- Activate emergency plan and notify public health officials
- Medically isolate ill persons and quarantine close contacts
- Evaluate ill persons for underlying medical conditions that would increase their risk for severe illness from COVID-19,[†] and provide necessary care on-site or transfer to a health care facility
- Incorporate screening for COVID-19 symptoms into release planning[§]
- Continue activities from preparation and prevention phases

Abbreviation: COVID-19 = coronavirus disease 2019.

* Other suggestions available in full corrections guidance. <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

[†] Asthma, chronic lung disease, diabetes, serious heart conditions, chronic kidney disease being treated with dialysis, severe obesity, age ≥65 years, immunocompromising conditions, and liver disease. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>.

[§] Additional guidance on SARS-CoV-2 testing in correctional and detention facilities will be provided as testing becomes more widely available and strategies are developed to assist facilities in using test results to inform their operational efforts to reduce transmission risk.

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